

MODELS OF ABNORMALITY

The psychopathological interpretation of demonology, witchcraft, and possession states that demonology replaced psychiatric knowledge and practice in the Middle Ages and that the mentally ill were subsequently misidentified as witches and demoniacs. This model, promulgated by traditional histories of psychiatry, has been discredited, yet it seems to appear frequently in textbooks of abnormal psychology.

HISTORICAL EXPLANATIONS OF ABNORMALITY

Many early philosophers and physicians who studied the troubled mind believed that deviancy reflected the displeasure of the gods or possession by demons. Although surgical techniques may have been used, they were probably coupled with prayers and the like that reflected the prevailing view of the origin of behaviour disorders, to which we turn now.

There is no written record of ideas regarding psychological disorders in prehistoric times, but there is mysterious archaeological evidence dating back to 8000 B.C. during the Stone Age; skulls with holes drilled in them. Furthermore, there is evidence that the bone healed near these holes, which is taken to indicate that the procedure was surgical and that people survived it (Piek, 1999).

Anthropologists have wondered whether this kind of surgery, called trephining, was performed as a way of treating psychological disorders. They theorize that prehistoric people thought the evil spirits that were trapped inside the head caused abnormal behaviour and that releasing the evil spirit would cause the person to return to normal. Another interpretation is that trephining was used to treat medical problems. In any case, the skulls are the only evidence we have from that period of history, and we can only speculate about their meaning (Maher & Maher, 1985).

DEMONOLOGY

The doctrine that an evil being, such as the devil, may dwell within a person and control his or her mind and body is called demonology. Examples of demonological thinking are found in the records of the early Chinese, Egyptians and Greeks. This belief is not surprising if we remember good and bad spirits were widely used to explain lightning, thunder, storm, earthquakes and many other events that otherwise seemed incomprehensible.

Most possessions, however, were considered to be the work of any angry God or an evil spirit, particularly when a person became excited or overactive and engaged in behavior contrary to religious thinking.

Following from the belief that abnormal behavior was caused by possession, its treatment often involved exorcism, the casting out of evil spirits by ritualistic chanting or torture. Exorcism typically took the form of elaborate rites of prayer, noisemaking, forcing the afflicted to drink terrible-tasting brews, and on occasion more extreme measures, such as flogging and starvation. Supposedly the dreams they had would reveal what they needed to do to get better.

Although intended as a cure through the conjuring of spirits, the procedures involved in exorcism seem more like torture to our contemporary eyes. The possessed person might be starved, whipped, beaten and treated in other extreme ways, with the intention of driving the evil spirit away. Some were forced to eat or drink foul tasting and disgusting concoctions, which included blood, wine, and sheep dung. Some were executed, because they considered a burden and a threat to their neighbors.

SOMATOGENESIS

In the fifth century B.C. Hippocrates often regarded as the father of modern medicine, separated medicine from religion, magic and superstition. He rejected the prevailing Greek belief that the gods sent serious physical diseases and mental disturbances as punishment and insisted that such illnesses had natural causes and hence should be treated like other more common maladies, such as cold and constipation. Hippocrates regarded the brain as the organ of consciousness, of intellectual thinking and behavior were indications of some kind of brain pathology. He believed that there were four important bodily fluids that influenced physical and mental health. An excess of any of these fluids could account for changes in individual's personality and behavior.

He is considered one of the very earliest proponents of somatogenesis – the notion that something wrong with the soma, or physical body, disturbs thought and action. Hippocrates classified mental disorders into three categories:

- ⊙ Mania
- ⊙ Melancholia
- ⊙ Phrenitis (Brain fever)

He also gave detailed clinical description of the specific disorders included in each category. He considered dreams to be important in understanding a patient's personality. Through his teachings the phenomena of abnormal behavior became more clearly the province of physicians rather than of priests.

The treatments advocated by Hippocrates were far in advance of the exorcistic practices then prevalent. For the treatment of melancholia, for example, he prescribed a regular and tranquil life and abstinence from sexual activity, a vegetable diet, and

exercise. He also believed in the importance of the environment and often removed his patients from their environment.

Hippocrates naturalistic approach to disorder was generally accepted by other Greeks as well as by the Romans, who adopted the medicine of the Greeks after their city became the seat of power in the ancient European world. The views of Hippocrates dominated for 500 years. However, these views were countered by the more popular belief in spiritual possession and the cruel treatment of psychologically disturbed people.

WITCHCRAFTS AND MENTAL ILLNESS

The middle ages are sometimes referred to as the "Dark Ages." In terms of the approaches to psychological disorders, this was indeed a dark period. No scientific or medical advances occurred beyond of Hippocrates. In the rare cases in which people with psychological disorders sought medical treatment, the physician could offer little beyond the barbaric methods of purging and bleeding, ineffectual attempts to manipulate diet, or the prescription of useless drugs.

During the Middle Ages, there was a resurgence of primitive beliefs regarding spiritual possessions. Magical rituals, exorcism, and folk medicines were widely practiced. For some time the prevailing interpretation was that the mentally ill of the later Middle Ages were considered witches (Zilboorg & Henry, 1941). In their confession the accused sometimes reported having had intercourse with the devil. These reports have been interpreted by some writers as delusions or hallucinations and thus are taken to indicate that some of the so-called witches were psychotic.

More detailed examination of the historical period however indicates that most of the accused were not mentally ill. Careful analyses of the witch hunts reveal that although some accused witches were mentally disturbed, many more sane than insane people were tried. The delusion-like confessions were typically obtained during brutal torture, words were put on the tongues of the tortured by their accusers and by the beliefs of the times. Indeed in England, where torture was not allowed, the confession did not usually contain descriptions indicative of delusions or hallucinations (Schoeneman, 1977).

The dominance of religious thinking in the Middle Ages had both positive and negative effects on the care of psychologically disturbed individuals. Beliefs in spiritual possession and the treatment of people as sinners had harmful effects. By contrast, ideas about Christian charity and the need to help poor and sick people formed the basis for more humanitarian approaches to treatment.

CONTEMPORARY THEORIES & ASSUMPTIONS OF MODELS

Models of Abnormality are general hypotheses as to the nature of psychological abnormalities. There are at least five models (or paradigms) in abnormal psychology which place distinct interpretations on the causes of abnormality, the focus or goals of therapy, and the methods used to treat disturbed individuals.

Our aim is to outline the assumptions made by the **medical, psychodynamic, behavioral, cognitive** and **humanistic** models of abnormality and their implications for treatment.

MEDICAL MODEL

This perspective holds that mental disorders are caused by aberrant biological processes. This paradigm has often been referred to as the "biological paradigm" or "disease model".

The study of abnormal behavior is historically linked to medicine. In most recent times, the medical model turned its attention to the role played by genetics and neurotransmitters in the development of mental disorders whilst retaining its interest in the role played by brain damage in such disorders.

Genes act by directing chemicals that send 'messages' from neuron to neuron. Biochemical theories of mental disorders explain their development in terms of some sort of imbalance in the concentration of these chemicals. For example, depression may result from chemical imbalances within the brain.

Genetic theories derive from the observation that at least some psychological disorders have a tendency to run in families. By means of DNA, the material that contains our genetic codes, some disorders may be transmitted from generation to generation. For example, heredity probably predisposes a person to have an increased risk of developing schizophrenia.

Over the past two decades biological researchers have made great progress in elucidating brain-behavior relationships. Although we view these developments in positive light, we also want to caution against reductionism, a faulty position taken by some biologically oriented researchers.

In the case of mental disorders the position proposes reducing complex mental and emotional responses to simple biology. In its extreme form reductionism asserts that psychology will ultimately be nothing more than biology.

Part (a)
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note ⑤

- evaluation
(b)

BEHAVIOURAL MODEL

This model sees disorders as maladaptive behaviors which are learned and maintained in the way as adaptive behaviours. According to the supporters of behavioural model, the best way of explaining mental disorders is to look at the environmental conditions in which a particular behaviour is displayed.

Psychologists operating in learning paradigm view abnormal behavior as responses learned in the same ways in which other human behavior is learned. Behaviorism can be defined as an approach that focuses on the study of observable behavior rather than on consciousness.

Pavlov discovered a learning process that is now known as classical conditioning. In this a stimulus which does not normally elicit a particular response will eventually come to do so if it is reliably paired with another stimulus that does normally elicit the response.

Pavlov called a stimulus which automatically elicits a response an unconditional stimulus (UCS). The response it elicits is called an unconditional response (UCR). A stimulus that does not normally elicit a given unconditional response is called a neutral stimulus (NS). When the previously NS is capable of eliciting an unconditional responses in the absence of the UCS, it has become a conditioned stimulus (CS), and the response it elicits is termed a conditioned response (CR).

It was discovered that classical conditioning could even instill pathological fear (John Watson & Rosalie Rayner, 1920). According to the learning model, when we fear something, we tend to avoid it, and this avoidance reduces our fear. This, says the model, is how certain behaviors are maintained.

← B.F. Skinner introduced what he called operant conditioning. He used the term reinforcer to describe anything that increases the frequency of a particular behavior. Positive reinforcers are those which provide a wanted or pleasant consequence. Negative reinforcers is to increase behavior frequency by removing unpleasant stimulus. Things which decrease the frequency of behavior are termed punishers.

Operant conditioning principles can be used to explain the development and maintenance of at least some mental disorders and to treat those disorders.

The Behavioural Model overcomes the ethical issues raised by the medical model of labeling someone as 'ill' or 'abnormal'. Instead the model concentrates on behaviour and whether it is 'adaptive' or 'maladaptive'. The model also allows individual and cultural differences to be taken into account. Provided the behaviour is presenting no problems to the individual or to other people, then there is no need to regard the behaviour as a mental disorder.

EVALUATION OF BEHAVIORAL MODEL

Part (b)

The starting point for any of these treatments is to identify those aspects of behaviour that are maladaptive and require changing. After that, conditioning or observational learning techniques are used to reduce or eliminate those maladaptive responses. In contrast to the other psychological approaches, the focus is very much on the patient's behavioural symptoms rather than on the underlying cause of his or her disorder, which is a key criticism of this approach. For example, a Freudian might say that the symptoms may have been cured but the cause still remains in the client's unconscious mind, only to resurface in a different way.

On the other hand behavioural therapies have been very successful with certain kinds of disorder, such as phobias. They are more applicable to disorders with easily identifiable behavioural symptoms. The behavioural model exaggerates the importance of environmental factors in causing disorders, and minimises the role played by genetic factors. As a result, it is of little value in explaining disorders such as schizophrenia which is likely to have a genetic basis. The behavioural model also minimises the role played by internal processes (e.g. thinking and feeling).

Those who favour the behavioural model are correct in assuming that the experiences people have in life, including the forms of conditioning to which they have been exposed, play a part in the development of mental disorders. However, conditioning is generally less important in humans than in the animal species studied in the laboratory by behaviourists.

In general terms, the behavioural model is oversimplified and rather narrow in scope. On the basis of the available evidence, it seems that only a small fraction of mental disorders depend to any great extent on the individual patient's conditioning history.

PSYCHODYNAMIC MODEL

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evaluate The view that mental disorders have physical origins was challenged in the late nineteenth century by Sigmund Freud. Whilst Freud believed that mental disorders were caused by internal factors, he saw these as being psychological rather than physical in nature. The central assumption of the psychoanalytic or psychodynamic paradigm is that psychopathology results from unconscious conflicts in the individual. *- part (b)*

Freud believed that personality is comprised of three structures and that all behavior is a product of their interaction. These three structures are id, ego and superego.

When these structures are 'in balance', psychological normality is maintained. However, Freud saw conflict between them as always being present to some degree. When the conflicts cannot be managed, disorders arise. Freud saw early childhood experiences as shaping both normal and abnormal behavior. All psychological disorders stem from unresolved and unconscious sexual conflicts that originated in childhood.

Freud saw human development as passing through a series of psychosexual stages. They are:

- Oral stage
- Anal stage
- Phallic stage
- Latency stage
- Genital stage

The nature of the conflicts and the ways that they are expressed are held to reflect the stage of development the child was in at the time the conflict occurred. During each stage the growing person must resolve the conflicts between what the id wants and what the environment will provide. How this is accomplished determines basic personality traits that last throughout the person's life.

In order to avoid the pain caused by the conflict, Freud proposed the existence of defence mechanisms as a way of preventing anxiety-arousing impulses and thoughts reaching consciousness. All of these unconsciously operating mechanisms serve to protect us by distorting reality. Some of the mechanisms are:

- Repression – unacceptable thoughts or impulses are 'forgotten' by being pushed from consciousness into unconsciousness. An example would be a woman failing to recognize her attraction to her handsome new son-in-law.
- Reaction formation – in this, the opposite of an unacceptable wish or impulse is expressed. For example, a person strongly drawn to gambling may express the view that gambling is repulsive.

- ⇒ Rationalization – this involves socially acceptable reasons being given for thoughts or actions that are based on unacceptable motives. An example would be eating an entire chocolate cake because we didn't want it to spoil in summer heat.
- ⇒ Displacement – this is when an emotional response is redirected from a dangerous object to a safe one. For example, anger towards one's boss might be redirected towards the family dog.
- ⇒ Projection – in this, unacceptable motives or impulses are transferred to others. A man who is sexually attracted to a neighbor perceives the neighbor as being sexually attracted to him.
- ⇒ Regression – this involves responding to a threatening situation in a way appropriate to an earlier age or level of development. For example, an adult has a temper tantrum when he or she does not get his or her own way.

One of the main criticisms of Freud's theories is that since they are based on anecdotal evidence gathered during therapy sessions, these theories are not grounded in objectivity and therefore are not scientific. Unlike those who work within the biomedical paradigm and those who work within the learning and cognitive paradigm, entail conducting formal research on the causes and treatments of abnormal behavior. Freud believed that the information obtained from the therapy sessions were enough to validate his theory and demonstrate the effectiveness of the therapy.

Furthermore, Freud's patients were not merely a small sample; they were largely affluent and educated. It is easy to believe that a theory of personality development or structure of the mind based on such a small group of troubled individuals might be limited.

The case reports used by Freud can also be assailed on the grounds of the reliability of Freud's perceptions in those therapy sessions and his ability to recall them accurately since he did not take careful notes.

Even with these substantial criticisms, however, Freud's contribution remains enormous and continues to have an important impact on the field of abnormal psychology.

- evaluation

COGNITIVE MODEL

Cognition is the term that groups together the mental processes of perceiving, recognizing, conceiving, judging and reasoning. The cognitive paradigm focuses on how people structure their experiences, how they make sense of them, and how they relate their current experiences to past ones that have been stored in memory.

Like the psychodynamic model, the cognitive model of abnormality is concerned with internal processes. It focuses on internal thoughts, expectations and attitudes that accompany and, in some cases, are believed to be the cause of, mental disorders. It developed as a result of a growing dissatisfaction with some of the weaknesses of a strict behavioural approach and its concentration on overt behaviors, to the neglect of our thoughts and interpretations of the way we behave.

Other supporters of the cognitive model see certain mental disorders as stemming from irrational and maladaptive assumptions and thoughts. Ellis (1962) calls these irrational assumptions, whilst Beck (1967) calls them cognitive errors and Meichenbaum (1976) uses the term counter-productive self statements. Since the cognitive model sees mental disorders arising as a result of 'faulty thinking' and since, to a large degree, our behavior is controlled by the way we think, supporters of the cognitive model see the most logical and effective way to change maladaptive behavior as the changing of the maladaptive thinking that underlies it.

The concept on which it is based are somewhat slippery and not always well-defined. Furthermore, cognitive explanations of psychopathology do not always explain much. Cognitive explanations of psychopathology tend to focus more on current determinants of a disorder and less on its historical antecedents.

Much of what we have just said suggests that cognitive point of view is different and separate from behavioural paradigm.

HUMANISTIC MODEL

Rather than emphasizing the unconscious sexual and aggressive impulses of sick people, humanistic psychologists take a very different view of human's nature and assume that people are set of potentials that are basically good and strive for growth, dignity and self determination. Unlike behaviorist, humanists see the whole of personality (including our experiences) as worth of our study. This emphasis on positive human potential and seeing the world through a person's rather an experimenter's eyes has been championed by Abraham Maslow and Carl Rogers.

For humanists, what makes us different from non-human animals is our possession of free will and our desire to achieve self-actualization. It is these that make each of us unique, free, rational and self-determining. Humanists see psychological abnormality as the ability to accept ourselves, to realize our potentials, to achieve intimacy with others and to find meaning in life. The humanistic model sees mental disorders as arising not because of unresolved inner conflicts, but because external factors somehow block personal growth.

Like every theory, some people find the humanistic approach to be valid while others see it for the numerous inherent flaws. Some of the strengths of this theory include the focus on both the positive nature of humankind and the free will associated with change. Unlike Freud's theory and the biological approach, which focus on determinism or our lack of power over ourselves, Maslow and others see the individual as very powerful.

With the good, always comes the bad, and this theory is no different. The biggest criticism of humanistic thought appears to center around its lack of concrete treatment approaches aimed at specific issues. Secondly, there are those who believe humanistic theory falls short in its ability to help those with more severe personality or mental health pathology. While it may show positive benefits for a minor issue, using the approach of Roger's to treat schizophrenia would seem foolish.

Despite these problems, humanistic theory has been incorporated into many differing views on psychotherapy and human change. Many argue now that a humanistic undertone in treatment provides a nice foundation for change. While it may not be sufficient, it may still be necessary for a significant personality change to occur.

(1) Describe what psychologists have discovered about models of abnormality?

⇒ Define models of abnormality

⇒ Briefly define abnormality (2-3 characteristics)

⇒ Research methods

⇒ Historical explanations

⇒

(2) Evaluate what psychologists have discovered about models of abnormality

- Problems of defining abnormality
- Ethical issues
- Reliability & Validity
- Evaluate research methods

4

Model of Abnormality

Psychodynamic

Warda Khan

Models of Abnormality

- **MODELS** are the ways that different perspectives explain problems
 - Also known as paradigms
- Affect the way we "see" the world:
 - Understand events
 - Interpret problems
 - Develop solutions

Models of abnormality

1.2

The PSYCHODYNAMIC MODEL

views abnormal behavior as the result of *unresolved psychological conflicts* from early childhood and from *intrapsychic conflict* between instinctual selfish desires of the id and the demands of the society and personal conscience present in the superego.

Models of abnormality

Psychodynamics aka Dynamic Psychology.

- "**Psychodynamics** is an ordered study and the theory of the psychological forces that underlie human behaviour, emphasising the relationship between unconscious and conscious motivation"

Models of abnormality

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Psychodynamic Models

- Freud: Psychoanalysis
 - Personality has 3 parts: Id, Ego, Superego
 - Develops in stages: Oral, Anal, Phallic, Latency, & Genital
 - People can get "stuck" in any of these
 - Results in fixation
 - Use defense mechanisms to deal with conflicts

Models of abnormality

1.5

According to Freud:

- Mental problems arise from the dynamics of the personality (**the psyche**), *not* from physical causes.

Models of abnormality

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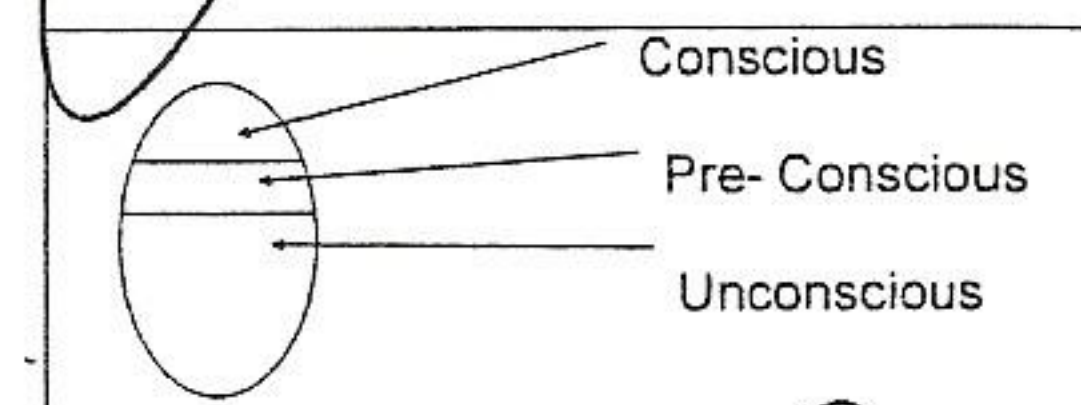
Explained...

- Freud's Diagram is saying that, according to Freud, the ego is at the heart of psychological processes, he says it's battling with the other three forces: the id, the super-ego, and the outside world
- Psychodynamics, then, attempts to explain/interpret behaviour or mental states in terms of innate emotional forces or processes.

Models of abnormality

The Psychodynamic Approach (Early 1900s)

- Freud believed that the mind is made up of three parts:



Models of abnormality

Within the mind there are three aspects of your personality that determine how you behave...

Id
This is the part of your personality that demands immediate satisfaction of needs (It's like a little devil!)



Ego
The part that controls the fights between the id and the Super-ego

Super-ego
This is the part that contains your morals / conscience

(It's like an angel!)



Models of abnormality

The id and the Superego

- Are in Direct Conflict
- The id - I want to----NOW!
- The Superego - No -that's not very nice - you can't do that!

Models of abnormality

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The psychodynamic approach

Assumptions of the causes of abnormality

- **Conflict between the id, ego and super-ego**
 - Conflicts occur between the id's desire for immediate gratification and the desire of the super-ego to maintain moral standards and ideals. The ego is the mediator between the two

Models of abnormality

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A well-adjusted person:

- Develops a strong ego that can manage the id and the superego and allow them to express themselves at appropriate times. **BUT -**
- If the ego is weakened then either the id or the superego, whichever is stronger, may dominate the personality.

Models of abnormality

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If the **Id** impulses remain unchecked -

- You get a totally selfish person, possibly violent, destructive, and immoral.

Models of abnormality

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If the **Superego** is too powerful

- It rigidly restricts the id to such an extent that the person will be deprived of any pleasure at all! **Freud said:**
- A too-powerful superego would create a neurotic person, who might suffer anxiety disorders and obsessions.

Models of abnormality

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Freud said psychological disturbances result

- From the inability of the ego to manage the conflict within the psyche.
- We are unaware of these internal conflicts because they take place at an unconscious level.

Models of abnormality

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Psychic conflict is most marked in early childhood because

- The ego is not developed enough to mediate between the the id and the superego.
- It can't deal with traumatic or confusing events in childhood

Models of abnormality

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The **ego** pushes things it can't deal with

- Into the **UNCONSCIOUS** – a process Freud called repression.
- But these traumas do not go away.
- Sometimes they find expression in dreams, and sometimes in psychological disorders in adulthood.

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Defence mechanisms that help control conflict

- The conflicts of the id and super-ego lead to anxiety. The ego protects itself against anxiety using defence mechanisms which include repression

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Repression	Keeping distressing thoughts and feelings buried in the unconscious	A traumatized soldier has no recollection of the details of a close brush with death.
Projection	Attributing one's own thoughts, feelings, or motives to another	A woman who dislikes her boss thinks she like her boss but feels that the boss doesn't like her.
Denial	Protecting oneself from unpleasant reality by refusing to perceive or face it	A smoker concludes that the evidence linking cigarette use to health problems is scientifically worthless.
Displacement	Diverting emotional feelings (usually anger) from their original source to a substitute target	After parental scolding, a young girl takes her anger out on her little brother.
Identification	Bolstering self-esteem by forming an imaginary or real alliance with some person or group.	An insecure young man joins a NGO to boost his self-esteem.
Reaction formation	Behaving in a way that is exactly the opposite of one's true feelings	A parent who unconsciously resents a child spoils the child with outlandish gifts.
Regression	A reversion to immature patterns of behavior	An adult has a temper tantrum when he doesn't get his way.

Undoing	You try to reverse or undo your feeling by DOING something that indicates the opposite feeling. It may be an "apology" for the feeling you find unacceptable within yourself.	A teenager who feels guilty about masturbation ritually touches door knobs a prescribed number of times following each occurrence of the act.
Rationalization	Creating false but plausible excuses to justify unacceptable behavior.	A student watches TV instead of studying, saying that "additional study wouldn't do any good anyway."
Compensation	Covering up felt weaknesses by emphasizing some desirable characteristic, or making up for frustration in one area by over-gratification in another	A dangerously overweight woman goes on eating binges when she feels neglected by her husband.
Sublimation	You redirect the feeling into a socially productive activity.	"I'm going to write a poem about anger."

Fixation in Psychosexual Development

- Strong conflict can *fixate* people at early stages.
- The developmental stages are:
 1. Oral Stage
 2. Anal Stage
 3. Phallic Stage
 4. Latency Stage
 5. Genital Stage

Models of abnormality

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Oral fixation

- Oral fixation has two possible outcomes.
- The *Oral receptive personality* is preoccupied with eating, drinking and reduces tension through oral activity such as eating, drinking, smoking, biting nails. They are generally passive, needy and sensitive to rejection. They will easily 'swallow' other people's ideas.
- The *Oral aggressive personality* is hostile and verbally abusive to others, using mouth-based aggression.

Models of abnormality

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Anal fixation

- Anal fixation, which may be caused by too much punishment during toilet training, has two possible outcomes.
- The *Anal retentive personality* is stingy, with a compulsive seeking of order and tidiness. The person is generally stubborn and perfectionist.
- The *Anal expulsive personality* is an opposite of the Anal retentive personality, and has a lack of self control, being generally messy and careless.

Models of abnormality

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Phallic fixation

- **For men:** Anxiety and guilty feelings about sex, fear of castration, and narcissistic personality.
- **For women:** It is implied that women never progress past this stage fully and will always maintain a sense of envy and inferiority, although Freud asserted no certainty regarding women's possible fixations resulting from this stage. Similarly, Freud admitted uncertainty on the females' situation when he constructed the "penis envy" theory in the first place.

Models of abnormality

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Latency

- **Interactions with the Environment:** This is a period during which sexual feelings are suppressed to allow children to focus their energy on other aspects of life.
- This is a time of learning, adjusting to the social environment outside of home, absorbing the culture, forming beliefs and values, developing same-sex friendships, engaging in sports, etc.

Models of abnormality

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Genital

- This stage does not cause any fixation.
- According to Freud, if people experience difficulties at this stage, and many people do, the damage was done in earlier oral, anal, and phallic stages.
- These people come into this last stage of development with fixations from earlier stages

Models of abnormality

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Strengths

- Many observations of psychodynamic therapists appear to be borne out in everyday life, e.g., defence mechanisms
- Many people with psychological disturbances do recollect childhood traumas
- Freudian theory provides a comprehensive framework to describe human personality
- By developing a method of treatment, Freud encouraged a more optimistic view regarding psychological distress. Mental illness could, in some cases at least, be treated!

Models of abnormality

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Weaknesses

- Abstract concepts – these are factors ID, ego and superego are difficult to define and research. There is no way to know if they are occurring because actions motivate by them operating primarily at an unconscious level.
- Sexism – his theories were sexually unbalanced. His theories which he accepted were less developed for women. This was due to the cultural bias of the Victorian society.
- Lack of research evidence, the theory is difficult to prove or disapprove.

Models of abnormality

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NeoFreudians

Models of abnormality

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Neo-Freudian

- Sigmund Freud was also very strict and stubborn about his beliefs. As a respected scholar, he developed a following of well known theorists and psychologists in his psychoanalytic society.
- As these members began to break from the Freudian camp, many new theories emerged that have become well received in their own right.

Models of abnormality

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Alfred Adler (1870-1937)

- Individual Psychology
- Superiority / Inferiority
- Birth Order

Carl Jung (1875-1961)

Jung, Carl G. (1910). The association method. *American Journal of Psychology*, 31, 219-269.

important contributions:

- Introversion-extraversion
- Archetypes in collective unconscious (images inherited from our ancestors)
- Founder of Analytical Psychology

Anna Freud

- Anna Freud (1895-1982) published *The ego and the mechanisms of defense* in 1936.
- Began child psychoanalysis

Erik Erikson (1902-1994)

- Identity
- Adult stages of development
- Instead of focusing on sexual development, however, he was interested in how children socialize and how this affects their sense of self.

Karen Horney

- Karen Horney (1885-1952) published *The Neurotic Personality of Our Time* in 1937. Many believe it is still the best theory of neuroses available.
- She countered Freud's concept of penis envy with what she called womb envy, or man's envy of woman's ability to bear children.

Harry Sullivan

- *Harry Stack Sullivan's (1892-1949) theories of development and psychotherapy were published in 1947 as Conceptions of modern psychiatry.*
- Personification: how a person perceives himself or herself as a result of repeated interactions with significant others.

Date: August 30, 2010

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From now on, we will keep in touch with you using this email address. Please make sure you check it routinely.

If you have any trouble setting up your email account, please contact me at nadeem.khalid@nixorcollege.edu.pk

Sincerely,

Nadeem Khalid
Manager IT and Systems - Nixor College

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Biological Model of Abnormality

Models of Abnormality

Introduction

- The biological (medical) model of abnormality makes the assumption that psychological and behavioural abnormalities have biological causes.
- In other words, things go wrong with behaviour and experience, because something has gone wrong with the brain.

Biological Model

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Possible Biological Causes of Abnormality

- Genetics
- Infection
- Chemicals
- Environmental Factors

Biological Model

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Genetics

- The genes we inherit from our parents provide the 'blueprint' for our bodies and brains.
- A slight abnormality in the genes could result in abnormalities in a person's brain functioning with the consequence that their behaviour becomes abnormal.

Biological Model

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Infection

- The brain itself has no immune response. It relies on keeping infections (e.g. bacteria or viruses) out with a barrier.
- Infections that get into the brain can cause widespread damage, and if the brain is damaged then a person may start to have abnormal experiences or to behave in abnormal ways.
- Barr et al found you were more likely to develop schizophrenia if your mother had flu when they were pregnant. This suggests the cause of the disorder may be a disease.

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Chemicals

- To operate properly, the brain relies on hundreds of different chemicals all being in the correct balance.
- These chemicals (neurotransmitters and hormones) are used to send messages round the brain and nervous system, so too much or too little of any of them can cause the brain to function abnormally.

Biological Model

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Environmental Factors

- Although the medical model focuses on internal, biological processes, it does not ignore the possibility that the environment can have a role to play in abnormality.
- On the one hand, a person's experiences, such as high levels of stress, can cause biological reactions that have a knock-on effect on the brain's functioning.
- On the other hand, there are some toxins and pollutants in the environment that affect brain functioning directly, such as mercury, which can cause irrational behaviour and lead, which can affect children's development.

Biological Model

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Central Nervous System

- Neurotransmitters are the chemicals which allow the transmission of signals from one neuron to the next across synapses.
- Synapse – gap between 2 neurons

Biological Model

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Some Of The Most Significant Neurotransmitters

- **Dopamine** - Dopamine is strongly associated with reward mechanisms in the brain. Drugs like cocaine, opium, heroin, and alcohol increase the levels of dopamine, as does nicotine. If it feels good, dopamine neurons are probably involved!
- Schizophrenia has been shown to involve excessive amounts of dopamine in the frontal lobes, and drugs that block dopamine are used to help schizophrenics.
- Recently, it has been noted that low dopamine may be related not only to the unsociability of schizophrenics, but also to social anxiety.

Biological Model

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- **GABA (Gamma Aminobutyric Acid)** - acts like a brake to the excitatory neurotransmitters that lead to anxiety. People with too little GABA tend to suffer from anxiety disorders.
- If GABA is lacking in certain parts of the brain, epilepsy results.

Biological Model

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- Serotonin has been found to be intimately involved in emotion and mood.
- Too little serotonin has been shown to lead to depression, problems with anger control, obsessive-compulsive disorder, and suicide. Too little also leads to trouble sleeping, which are also associated with depression and other emotional disorders.
- It has also been tied to migraines.

Biological Model

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Endocrine System

- **Hormones** – chemical messengers released by various glands into the blood stream
- Dysfunctional behaviour may result from hormonal imbalances

Biological Model

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Genetics

- Genetic research provides insights into whether certain disorders may be inherited
- Research strategies – family studies, twin studies (MZ & DZ twin comparisons), adoption studies, genetic linkage studies (genetic markers for disorder)
- Kendler et al found that relatives of someone who had schizophrenia were 18 times more likely to develop it.

Biological Model

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- Monozygotic twins, otherwise known as *identical twins*, originated from the same fertilized ovum, and therefore the same sperm. Only about a quarter of twins are identical.
- The more common dizygotic twins began as two eggs separately fertilized by two sperm, and therefore they do not share the exact same DNA.
- In twin studies researchers look at the **concordance rate** this is the extent to which a certain trait in both twins is in agreement.

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Strengths of biological approach

- Techniques have shown that there are biological components
- Research shows that there can be a genetic link
- Drugs can work as treatment options
- No blame - Patients may find it reassuring that their 'condition' can be attributed to a physical deficiency rather than 'something wrong with them' as a person

Weaknesses Of Biological Approach

- Reductionist - Assumes that the most important thing is chemical – ignores environmental stuff
- Genetics don't provide a complete explanation
- Drugs won't work for everyone
- Might encourage patients to be passive
- Focus of curing symptoms, not cause
- Biological evidence is correlational, so we do not know if genetic/biochemical CAUSED the disorder

Ethical Issues

- Some ethical issues - Treating a patient biologically who might not be able to give informed consent.
- **Ethical concerns** – drugs can become addictive and may only suppress the symptoms rather than treating them also the effects of psychosurgery are irreversible
- Genetic factors: Numerous mental disorders are caused in part by genetic factors and this may cause distress in family members

Biological Model

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- Assuming that psychological disorders are the result of biological factors is not without its problems. For example, the classification of physical illnesses involves observation and measurement of objective symptoms such as broken bones, fever, blood pressure etc., whereas with mental illnesses, the symptoms are much more subjective – e.g., feelings of despair, lack of energy or hearing voices. These cannot be easily measured, so the clinician must make a judgement based largely on experience.

Biological Model

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- <http://www.oxfordjournals.org/doi/10.1093/oxfordjournals.ips.a011111>
- <http://www.oxfordjournals.org/doi/10.1093/oxfordjournals.ips.a011111>

Biological Model

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Behaviorist

Models of Abnormality
MS. Warda Khan

- Behaviourism differs radically from other schools of thought in psychology.
- Firstly, the Behaviourist says that most of what is usually called instinctive behaviour is the result of *conditioning*.
- Secondly, he holds that language, thought and imagination are also built up in an exactly similar way.

Models of Abnormality

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Behavioral Models

- Can be learned from:
 - Receiving rewards – operant conditioning
 - B.F. Skinner – developed techniques
 - Temporal association – classical conditioning
 - Explained by Ivan Pavlov, John Watson
 - Therapeutic techniques developed by Mary Cover Jones
 - Observing others – modeling
 - Importance explained by Albert Bandura

Models of Abnormality

1.3

What is Classical Conditioning?

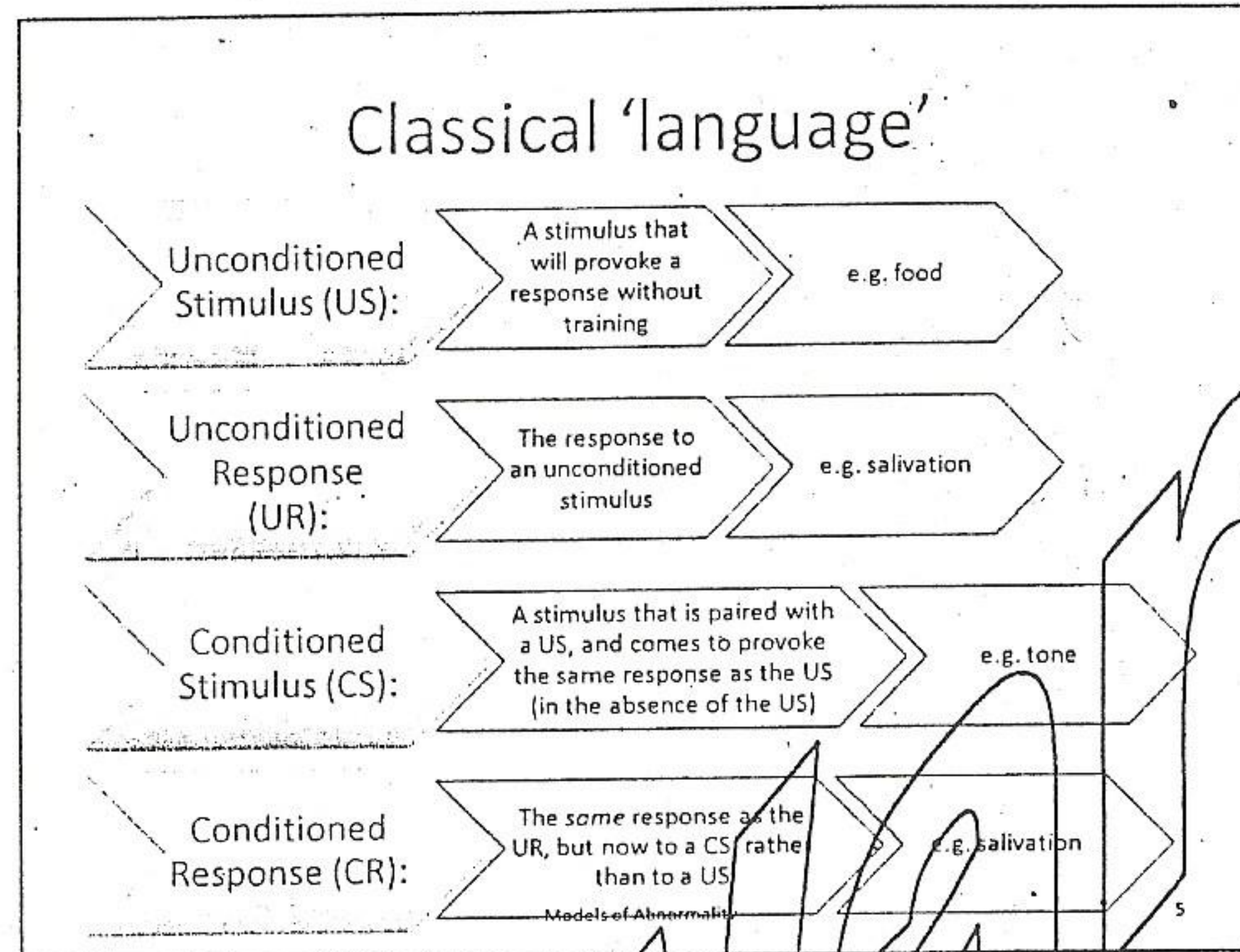
- Classical Conditioning is a *learning process* in which an originally *neutral* stimulus becomes *associated* with a particular *physiological* or *emotional response*.

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Classical 'language'



Some examples

- Classical Conditioning is present when a song reminds you of a place or person. The song has conditioned you to think about that particular subject, even though you do not realize it!
 - Jingles and advertisements allow you to think of a company's product when you hear it's name, slogan or jingle. This conditioning on your brain is done in a way that you don't realize it's happening!
 - When the dismissal bell rings, you are aware it's time to leave because you learn to become accustomed to leaving at the sound of a bell.
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What Is Operant Conditioning?

- Operant conditioning is a method of learning that occurs through rewards and punishments for behavior.
 - Clearly stated, that "this is learning via the consequences"
 - Skinner demonstrated that our social environment is filled with reinforcing and punishing consequences that shape our behaviour.
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Basic Principles of Operant Conditioning

Punishment

It is the presentation of an unpleasant event or outcome that causes a decrease in the behavior it follows.

There are two kinds of punishment:

Positive Punishment

It involves the presentation of an unfavorable event or outcome in order to weaken the response it follows.

Negative punishment

It occurs when a favorable event or outcome is removed after a behavior occurs.

In both of these cases of punishment, the behavior decreases.

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Components of Operant Conditioning

Reinforcement

is any event that strengthens or increases the behavior it follows.

There are two kinds of reinforcement:

Positive Reinforcement

It is a favorable events or outcomes that are presented after the behavior

Negative Reinforcement

It is the removal of an unfavorable events or outcomes after the display of a behavior.

In both of these cases of reinforcement, the behavior increases.

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Social Cognitive Theory

- Cognitive emphasis: observational learning
 - Learning takes place through observation and sensorial experiences
 - SCT is the basis of the movement against violence in media & video games

Models of Abnormality

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Theoretical Foundations

- Psychodynamic explanations of behavior are flawed
 - They are based on *inferred* drives/needs/etc., which cannot be tested
 - They ignore *conscious* cognitions
 - They ignore situational influences
- Radical behaviorism is flawed
 - It ignores cognition and emotion
 - e.g., Assumes that *actual reinforcement* is necessary for learning to occur
 - e.g., Rejects free will

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Beyond Reinforcement

- External reinforcement isn't the only way in which behavior is acquired, maintained, or altered
- We can also learn by *observing, reading, or hearing about others' behavior*
 - We develop *anticipated consequences* for our behaviors
 - Even for behaviors we're never engaged in
 - Our cognitive abilities give us the capability for insight and foresight

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Modeling

- We learn much of what we do through *observing* and speaking with others ("models"), rather than through personal experience
- We form a *cognitive image* of how to perform certain behaviors through modeling, and use this image as a guide for later behaviors

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Reinforcement in Observational Learning

Types of Reinforcement

- **Vicarious reinforcement**
 - Vicarious reinforcement is therefore a reinforcement which is received indirectly by observing another person who is being reinforced.
 - Vicarious positive reinforcement
 - Vicarious punishment
- **Self-reinforcement**
 - Reward or punish self for meeting or failing to meet own standards

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Empirical Evidence of Observational Learning

- Children who see an adult behave aggressively might view that aggressive behavior as a positive thing (i.e., expect positive reinforcement of some type for that behavior), and therefore might imitate that aggressive behavior
 - Bandura & Huston, 1961
 - Children imitate a model's aggressive behavior in the presence of the model
 - Bandura, Ross, & Ross, 1961
 - Children imitate a model's aggressive behavior in a new setting, away from the model
 - Bandura, Ross, & Ross, 1963
 - Will children imitate a film-model's aggressive behavior?

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Self-Regulation and Cognition

- We can exercise **control** over our behavior through *self-regulation*
 - We are not slaves to environmental influences
 - We have free will
- **Cognition** allows us to use previous experiences, rather than trial-and-error, to foresee probable consequences of our acts, and behave accordingly
- **Self-regulation** allows us to choose behaviors that help us to avoid punishments and move towards long-term goals

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Identification with the Model

Four interrelated processes establish and strengthen identification with the model:

1. Children want to be like the model
2. Children believe they are like the model
3. Children experience emotions like those the model is feeling.
4. Children act like the model.

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Summary

- We acquire, maintain, and modify behaviors that we see others perform
- We decide which behaviors to keep, and when to use them, by using:
 - symbolic thought ("what are my long term goals?")
 - emotion ("damn that Bobo doll!!!")
 - self-regulation ("I really want to stab my prof, but I need an A, so...")
- Bandura and other Social Learning Theorists put the "person" back into personality by stressing the interplay of personal factors, environmental factors, and behavior

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Cognitive & Humanistic

Models of Abnormality

- The cognitive model states that maladaptive behaviour is caused by irrational or faulty cognitive processes.

Individuals who suffer from mental disorder have distorted and/or irrational thinking.

Aaron Beck

- They often have a "must" quality about them.
- Beck argued that psychological problems may result from:
 1. Faulty learning
 2. Making incorrect inferences on the basis of inadequate information.
 3. Not distinguishing between reality and imagination.

- Cognitive Schemas
 - Structures that consist of an individual's fundamental core beliefs and assumptions about how the world operates
- Automatic Thoughts
 - Involuntary, unintentional, and preconscious thoughts that are hard to regulate
- Cognitive Distortions
 - Systematic errors in reasoning

Cognitive Distortions

- **Filtering** - We take the negative details and magnify them while filtering out all positive aspects of a situation
- **Overgeneralization** - We come to a general conclusion based on a single incident or piece of evidence. If something bad happens once, we expect it to happen over and over again.
- **Personalization.**
- Thinking that everything people do or say is some kind of reaction to us. We also compare ourselves to others trying to determine who is smarter, better looking.
- **Blaming** - We hold other people responsible for our pain, or take the other track and blame ourselves for every problem.
- **Shoulds** - We have a list of ironclad rules about how others and we should behave. People who break the rules make us angry, and we feel guilty when we violate these rules. A person may often believe they are trying to motivate themselves with shoulds and shouldn'ts, as if they have to be punished before they can do anything

Albert Ellis

- Human beings have four fundamental and interrelated processes: perception, motivation, thinking, and emotion
- A-B-C theory suggests how people develop irrational belief systems when a highly charged emotional consequence follows an activating event

In Support

- Research has tended to explore links between disorders and the way in which people think, as well as seeing if changing patients thinking patterns improves their condition.
- Beck and Clark (1988) found that distorted and irrational beliefs are common among patients with mental disorders, most notably anxiety disorders and depression.
- Lewinsohn et al (2001) suggest that distorted beliefs may play a part in the development of depression.

Ethnical issues

- The model focuses on peoples experiences, feelings and interpretations.
- It gives people power to change and increase their self belief.
- A positive ethical point is that it allows the person to take responsibility for changing their undesirable behaviour.

1. The model implies that the disorder is the individuals fault. Patients however may find accepting responsibility for their mental illness extremely stressful.
2. It may be unfair to blame individuals for their disorders, because other people/environments/variables may be mainly responsible.
3. The negative beliefs may be rational and reflect accurately unfortunately circumstances in which a person is living.

Problems and limitations

- The model is limited in its application in that it works better with anxiety disorders than schizophrenia.
- It tends to ignore other possible causes such as genetics or faulty biochemistry.
- It is unclear whether the negative thinking is the cause of the depression or actually the result of the depression.
- It could be argued that this model implies that the person is responsible for their unhappiness.

HUMANISTIC MODEL

Humanistic Psychology Founders

- Abraham Maslow (1908-1970)
- Carl Rogers (1902-1987)

It is known as the third force

- The first force: Freudian determinism: your behavior is determined by the unconscious
- The second force: behaviorism: your behavior is determined by the environment
- The third force: embraces human freedom, and forces of self-actualization

Maslow, a humanistic psychologist

1. Humanist do not believe that human being are pushed and pulled by mechanical forces, either of stimuli and reinforcements (behaviorism) or of unconscious instinctual impulses (psychoanalysis)
2. Humanist focus upon potentials.
3. They believe that humans strive for an upper level of capabilities.
4. Humans seek the frontiers of creativity, the highest reaches of consciousness and wisdom.

Maslow hierarchy of need

- Physiological needs-also known as biological needs. Consists of oxygen, food, water, constant body temperature.
 - Physiological are the strongest needs
- Safety Needs-Security and Protection from physical and emotional harm
- Belongingness & Love needs- people seek to overcome feelings of loneliness and alienation.
- Involves giving and receiving love affection and a sense of belonging

- Needs for esteem-involves both self-esteem and esteem a person gets from others
 - Humans need self-respect and respect of others
 - When these needs are satisfied person feels self-confident and valuable
 - When not met people feel inferior, weak, helpless, and worthless
- Needs to Achieve Self-Actualization
 - Cognitive – to know, to understand, to explore
 - Aesthetic-to find symmetry, order and beauty

- Self actualization characteristics
 - Problem focused
 - Incorporate an ongoing freshness of appreciation of life
 - Concerned about personal growth
 - Ability to have peak experiences
- Transcendence – to help others find self-fulfillment and realize their potential

Maslow on Self Actualization continued

- Maslow recognized that not all personality types followed this hierarchy
- Suggested that flow through the hierarchy can occur at any level at any time and many times simultaneously

Maslow points out that the hierarchy is dynamic; the dominant need is always shifting

- Example:
- The musician may be lost in the self actualization of playing music, but eventually becomes tired and hungry so he or she has to stop.

Maslow on Self Actualization continued:

- Moreover, a single behavior may combine several levels.
- Example:
- Eating dinner is both physiological and social.
- The hierarchy does not exist by itself, but is affected by the situation and the general culture

Maslow on Self Actualization continued:

- Finally, he notes that a satisfied need no longer motivates.
- Example:
- A hungry man may be desperate for food, but once he eats a good meal, the promise of food no longer motivates him.

Carl Rogers' Main Points

- Self-actualizing tendency present in all
- The importance of unconditional positive regard
- The presence of conditional positive regard in society and in ourselves causes us to develop an ideal self
- The clash between our ideal self and our real self makes us sick
- Encountering unconditional positive regard (as in client-centered therapy) is healing.

Unconditional positive regard

- We need this to accept all parts of our personality.
- With this we know we are loved & valued for being who we are.
- Parents can do this, by it clear that their love is not contingent on the child's behavior.